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THE MD DOCTORS WEEKLY

AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

VOL. II—No. 18. NEW YORK, OCTOBER 29, 1892. TERMS $2.00 A YEAR.

7 Reasons why Papoid is superior to Pepsin

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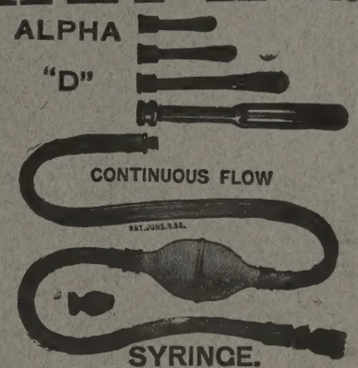

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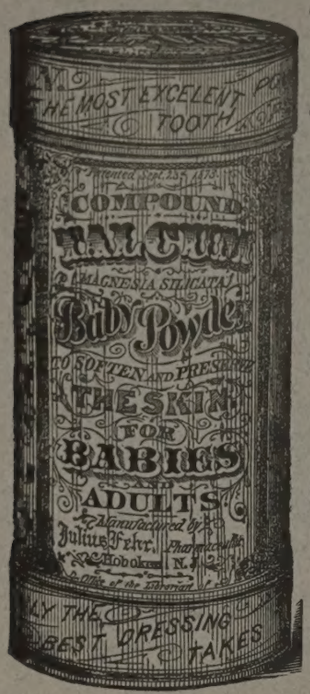

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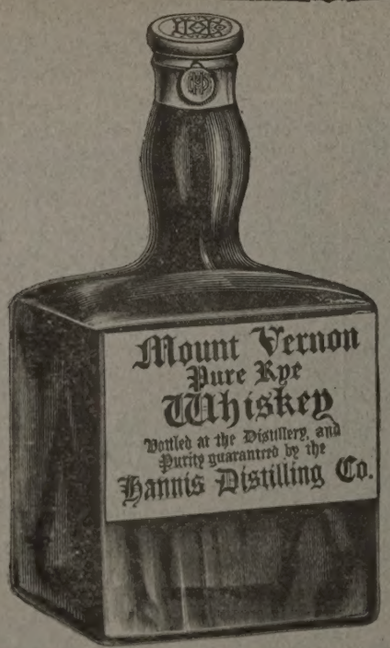

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PLEURISY AS A PREDISPOSING CAUSE OF PHTHISIS.

DISCUSSION OF DR. B. F. WESTBROOK'S PAPER.

Remarks Before the New York Academy of Medicine, by J. Blake White, M.D., Physician to City Hospital, etc., New York.

The subject presented by Dr. Westbrook so ably to-night has long afforded me interest and received my most thoughtful attention.

The relation which pleurisy bears to phthisis in subjects not known to possess a tuberculous diathesis has never received that serious consideration which its importance, as a causative influence, appears to me to demand.

If as much zeal were displayed in an endeavor to discover the presence of undoubted lesions, and to relieve by intelligent treatment the respiratory organs of mechanical embarrassments to normal function resulting from pleurisy, as the profession is always ready to bestow upon the question of the microbic origin of phthisis, we would have, I confidently assert, more definite, as well as more successful methods of treatment than we have been hitherto able to command. We, like all members of the human race, are apt to give too profound attention to what appears obscure and mysterious. Truth is most carefully sought for in bottomless pits where it cannot be found, though it lies very often near the surface—therefore, if we look less for the cause of phthisis under the magnifying lens of the microscope, and apply ourselves more to the practical and rational study of constitutional conditions preceding the development of this disease, I feel sure we shall find in these latter conditions causes sufficient to account for all the phenomena associated with phthisis without yielding unqualified acceptance to its microbic origin.

The relation which pleurisy bears to tubercle has been very generally recognized. According to Anstie, tuberculosis as a result of pleurisy outranks in interest all other sequelae. It is well established; not merely that pleurisy often occurs in phthisical lung disease, but that pleurisy itself is capable of setting up true tubercles even in previously healthy persons. The anatomical changes that take place in the pleura in cases of pleurisy need not be described here in detail as all are, more or less familiar with them, and can therefore appreciate the effect upon the air cells as well as the lung tissue, even when the affection is purely of a fibrinous character. Adhesions of a greater or lesser portion of the opposed pleural surfaces are not only extremely likely to occur, but the process is very prone to become permanent, resulting in material lessening of lung capacity, and ultimately in the destroying of lung integrity.

A pronounced pleurisy will not subside without leaving obscure lesions which months, and sometimes years of skilful treatment alone can remove. An alterative course of treatment with friction of the chest and regular lung expansion will materially assist in removing lesions which, if neglected, would cause much subsequent impairment. Among just such cases we find a considerable number of pleurisies amenable to treatment which would otherwise degenerate into phthisis.

When the inflammatory process has not spread, but has confined itself to a limited area, the effusion is usually fibrinous plastic matter, and adhesion of the pleural surfaces opposite the points of inflammation is sure to occur, acting as a constant menace to the lung, exciting irritable cough, interfering with respiratory capacity, and in time results in progressive lung degeneration. Carnification of the lung does not so often promptly result from pleural adhesions as from long existing serous effusion, but the same condition obtains ultimately in limited and scattered spaces.

The development of phthisis in previously healthy persons who have suffered from fibrinous pleurisy is not infrequent and often affords examples of the predisposing influence of pleurisy to phthisis. These cases also afford examples of pleuritic lesions which had been overlooked or neglected until anæmia, dry hacking cough (often attributed to throat affection) and progressive emaciation, first attract serious attention, when the time most favorable for treatment has, in the majority of cases, irrevocably passed.

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exudation in pleurisy styled "induration matter," which may so tightly embrace the apex of the lung as to cause condensation, and atrophy of its structure and yet escape detection until evidence of softening of the lung tissue appears.

In this condition the pleura is liable to fresh irritation, which in time so affects the parenchyma of the lung that, through condensation, the vitality of its structure is destroyed and molecular disintegration follows. Such condensation or carnificatiou according to Laennec may occur irregularly throughout a lobe, affecting either an entire lobe or definite lobules contiguously located or apart. Condensation of tissue does not necessarily result from direct morbid conditions, but on the contrary might be consequent upon morbid processes distant from the seat of condensation, and this condition being maintained for a length of time necessarily results in impairment of the nutrition of the part followed by degenerative lesions.

The question of preventing as well as curing phthisis depends more upon the increase of lung capacity and the admission of pure air than on bacillic invasion—the presence of the latter merely indicating the establishment of a diseased focus—their presence being secondary to a local lesion and in no sense originating it. The limited lung capacity exhibited by patients with malformed chests will always predispose to consumption, just as certainly as pleuritic bands mechanically binding the lungs will prevent expansion and predispose to phthisis. Regular systematic lung exercise in children manifesting rachitical diatheses, together with appropriate treatment and judicious regulation of diet will do much to counteract the tendency to phthisis as life advances, and also to overcome any threatened chest deformity. The same course of treatment applies to fibrinous pleurisy after the acute stage. After the development of phthisis this treatment is also of great service. Regular forced expirations and inspirations will prove one of the best means of ridding the lung of infiltrated products and of removing pleuritic adhesions, but this exercise should be systematically practiced if any benefit is expected to follow.

Constitutional vigor is maintained in proportion to the amount of oxygen received into the lungs and predisposition to phthisis is greatly lessened by every means which contributes to increase the expansive power of these organs. There is a condition supervening as a sequence of ordinary pleurisy which is fortunately rare, and may be mentioned here, for it also results in phthisis, viz.: fibroid pleurisy. This disease, both insidious and, by preference, chronic, commences at the bases of the lungs, most often in the right lung. The pleura gradually thickens and becomes a part of the connective tissue of the lung, increasing at the expense of the latter till great density is attained, and the lung is finally stifled and utterly destroyed.

All pleurisies, however frank in their onset or fortunate in their resolution should be anxiously regarded, especially in feeble subjects, or those with known consumptive tendency; for absorption in such cases is slow and the lung is very prone to assume chronic morbific action, gliding readily into phthisis. To promote absorption much assistance can be expected from blisters, friction of the chest with mercurial or iodine ointment, and the internal administration of resolvent remedies with systematic lung exercise for a long time after apparent convalescence from pleurisy.

I am confident that many cases of pleurisy occurring in both tubercular and non-tubercular subjects which have been for years under my observation, would have degenerated into phthisis but for intelligent application of the principles of treatment detailed. I cannot close these remarks without referring to the hypodermic use of gold and manganese in the cachexia resulting from pleurisy.* No method so promptly and effectually restores the patient. By the aid of its combined tonic and alterative effect, absorption of diseased products is promoted, the blood is enriched and systematic vitality is encouraged and maintained.

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*Doctor's Weekly, June 11, 1892,
Medical Record, December 27, 1890,
" " March 21, 1891.
" " September 10, 1892.

SUPERNUMERARY BREASTS IN THE FEMALE.*

BY W. E. SLEET, M. D.

I was called, October 11, 1891, to see Mrs. R., aged thirty-seven years. Found her in second stage of labor, this being her eighth child. While preparing for examination she asked her nurse to dampen some flannel cloths with spirits of camphor. When asked for what purpose the wet cloths were wanted, she replied that she wished to dry up her breasts. After being told that she should nurse the child, she answered by saying that she was unlike other women in that she had four breasts, and thought that two would be sufficient upon which to rear the child. An examination proved that she had four well-developed breasts, one in either axilla besides the two normal breasts on the chest; the breasts in the axilla being well developed and about the size of a goose egg, the nipples being about the size of those of a cat. From the axillary breasts a semi-transparent milky fluid flowed freely. The breasts were developed during the gestation of the fifth child. When first noticed they were indurated and about the size of a small marble. Some weeks before the birth of the child they became much enlarged and softened, and exuded a milky fluid much to the discomfort of patient, who also suffered some inconvenience for some weeks before and after the birth on account of having to carry the arms extended nearly at right angles with the body. After the birth of fifth, sixth and seventh children patient had subdued the flow of fluid by local applications. Patient gave history of an aunt, who during the gestation of third child developed a sinus in the flexor side of left wrist, from which there flowed a milky fluid during each term of gestation and lactation thereafter—she being the mother of seven children.

Certain rare examples are on record of certain anomalies in the number and location of the mammary glands. In some instances three, four, and five distinct glands have existed instead of two. Some remarkable cases of malposition of the glands have also been reported. Dr. Robert, of Marseilles, in Magendie's Journal of Physiology, reported a case where there was a well-formed mammary gland on the external surface of the left thigh, about four inches below the great trochanter. The mammary glands upon the chest functioned with regularity and were normal in all respects, but the gland upon the thigh secreted during lactation such a quantity of milk that the woman had nourished all of her children, seven in number, indifferently from the three glands. He also reported that the mother of this woman had three mammary glands, one on the left side of chest and two on the right.

In the case of Mrs R. there is no malposition of the glands, they being only developed from the lymphatic glands of the axillæ. Remembering the anatomy of the axilla, we find that it usually contains ten or twelve large sized glands. A chain of these glands surrounds the axillary vessels, imbedded in a quantity of loose areolar tissue. These receive the lymphatic vessels of the arm. Other glands are dispersed in the areolar tissue. The remaining glands are arranged into two series: a small chain running along the lower border of the pectoralis major as far as the mammary gland, receiving the lymphatics from the front of the chest and mamma; the other glands are placed along the lower margin of the posterior wall of the axilla, which receive the lymphatics from the integument of the back.

Therefore may we not conclude that during gestation and the development of the mammæ the axillary glands became stimulated and enlarged, and in this way Mr. R.'s supernumerary breasts were developed?

*Read at the Thirty-seventh Annual Meeting of the Kentucky State Medical Society.

TWENTY-FIVE CASES OF EXTIRPATION OF THE UTERUS FOR CANCER; A CONSIDERATION OF ULTIMATE RESULTS.

Dr. Charles A. L. Reed, of Cincinnati, presented at the recent meeting of the American Association of Obstetricians and Gynecologists a report of twenty-five cases of complete vaginal extirpation of the womb for cancer with only two primary deaths—one from shock and one from iodoform poisoning. Of the twenty-five cases operated upon but fourteen were of more than two years standing and hence these were all that could be discussed with reference to their ultimate results. These fourteen were divisible into two classes of seven each, viz., those in which the disease had existed for more than six months before the operation and those in which it had existed for less than six months before the operation. Of the first class, *i.e.*, those of more than six months (an average of ten months) previous duration, all were dead; of the second class, *i.e.*, those of less than six months (an average of 4 months) previous duration only one has since died. One of the recoveries is of more than five years duration. The conclusion from these figures is that cases of cancer of the uterus ought to be remanded for operation as soon as diagnosed. Dr. Reed looks upon total extirpation as the only operation to be advised or practised on these cases, the primary mortality from which, in experienced hands, varies from five to eight per cent.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The meeting of the above association at Cincinnati on the 13th, 14th and 15th inst., was a notable success both in point of numbers and in the general excellence of papers read. Among those who were present and read papers or engaged in discussion were the following well-known physicians: Drs. Murphy, Moyer and Lydston, of Chicago; Matthews, McMurty and Grant, of Louisville; Scott, of Cleveland; Owen, of Indianapolis; Daly, of Pittsburgh; Love, of St. Louis; Hare, of Philadelphia; Potter, of Buffalo, and Hooper, of Little Rock

The officers of the Association for the ensuing year are as follows:

President—R. Stansbury Sutton, of Pittsburgh, Pa.

First Vice-President—W. N. Wishard, of Indianapolis, Ind.

Second Vice-President—W. S. Christopher, of Chicago, Ill.

Secretary—T. W. Fitzpatrick, of Cincinnati, Ohio.

Chairman of the Committee of Arrangements—F. C. Woodbury, of Indianapolis, Ind.

Committee on Credentials—C. S. Bond, Chairman, of Richmond, Ind.; J. B. Murphy, of Chicago, Ill.; T. H. Stuckey, of Louisville, Ky.; T. Potter, of Indianapolis, Ind.

Judicial Council—C. A. L. Reed, Chairman, of Cincinnati, Ohio; C. H. Hughes, of St. Louis, Mo.; W. H. Daly, of Pittsburg, Pa.

Indianapolis was chosen as the next place of meeting.

It was also resolved after some discussion to amend the constitution so that good standing in the profession shall be considered sufficient qualification for membership in the Society. The amended law requires every member to subscribe to the Society's Code of Ethics.

Much credit is due Dr. C. A. L. Reed for the suecess of the Cincinnati meeting.

THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

The eighty-seventh annual meeting of the Medical Society of the County of New York, which was held at the Academy of Medicine, on Monday Evening, October 24th, 1892, was devoted to the election of officers, reports of committees and other business of the society.

The following officers were elected for the ensuing year:

President: Dr. Charles Carroll Lee; First Vice President: Dr. William Stevens; Second Vice President: Dr. Robert Abbe; Secretary: Dr. Charles M. Avery; Asst. Secretary: Dr. William E. Bullard; Treasurer: Dr. John S. Warren. For Censors: Drs. George Henry Fox, Charles H. Knight, Landon Carter Gray; Richard Van Santvoord, and Alexander S. Hunter.

For Delegates to the Medical Society of the State of New York: Charles H. Avery, Carter S. Cole, George T. Wetmore, Walter Franklin Chappell, Lewis A. Coffin, James E. Nichols, William James Morton, Hermann J. Boldt, George T Elliot, John A. Fordyce, Edward N. Liell, T. Halsted Myers, Judson C. Smith, J. B. Emerson, Augustus H. Buckmaster, Landon Carter Gray, Henry N. Heineman, Barney Sachs, James E. Kelly, Wisner R. Townsend, Alexander Dallas, Frank N. Lewis, George M. Edebohls, James E. Newcomb, Arthur Lyman Fiske, Theodore Dunham, C. A. Von Ramdohr, Joseph B. Bissell, Edward W. Thompson, and Warren O. Plimpton.

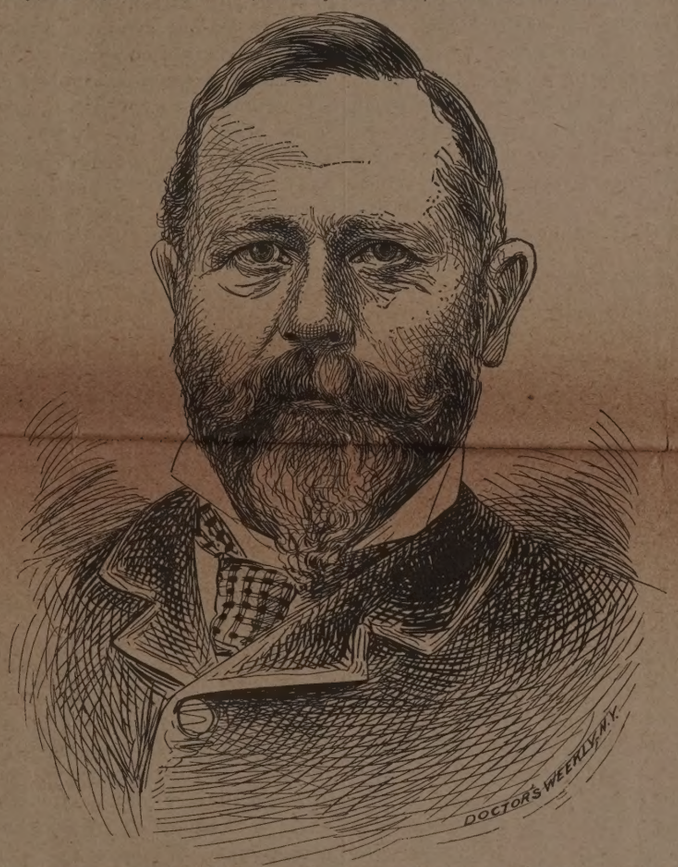
The Secretary, in his report, referred to the large membership of the Society and its prosperous condition. He stated that it was the largest organization of its kind in this country and probably in the world. On account of its importance, it should receive more recognition than it does at present.

The report of the Treasurer showed a balance on hand of $1,789.25.

The reports of the Committees on Hygiene and Ethies were also read. The latter Committee reported that during the past y ar there was not a single complaint made against any member of the Society for unprofessional conduct.

The Committee on Prize Essays reported that no award had been made.

The following gentlemen were elected to membership:—George Schoeps, Walter Bensel, 64 E. 79th St., Maurice J. Lewi, 100 E. 58th St. John Duffin Gorman, 263 W. 11th St., Edward Bradford Dench, 17 W. 46th St., Watson Lewis Savage, 308 W. 59th St., William Henry Haskin, Governor's Island.



CHARLES CARROLL LEE, M.D., PRESIDENT-ELECT OF THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

DR. CHARLES CARROLL LEE wa born in Philadelphia March 24, 1839. His parents soon afterwards removed to Maryland where he received his early education; after graduating at St. Mary's College, Emmettsburg, in that State, he returned to Philadelphia where he studied medicine, receiving his degree from the University of Pennsylvania in 1859.

After graduation he served in various capacities in several hospitals in that city. In 1861 Dr. Lee was made an assistant surgeon in the regular army and served in that capacity until the end of the Civil War. Two years later he removed to New York City where he has since resided. Soon after taking up his residence here he was appointed surgeon to St. Vincent and Charity Hospitals, and a little later he served the Woman's Hospital in the same capacity. At present he is consulting surgeon to the Woman's, City (Charity) and St. Elizabeth's Hospitals, member of the County Medical Society, Academy of Medicine, Society Alumni Bellevue Hospital and the Pathological Society. He is Professor of Diseases of Women in the New York Post-Graduate Medical School and Hospital.

In 1863 Dr. Lee married a daughter of the late Dr. Isaac Parrish, of Philadelphia, and has five children—two sons and three daughters. One of his sons is attending his second course of lectures at the College of Physicians and Surgeons in this city, while the other is studying law at Yale.

Dr. Lee is a gentleman of fine social qualities, and his popularity with the profession of which he is an honored member, is fully attested by his recent election to the Presidency of the Medical Society of the County of New York.

THE NEW YORK ACADEMY OF MEDICINE.

SECTION ON GENERAL MEDICINE, TUESDAY EVENING, OCTOBER 18, 1892.

(Reported expressly for the Doctors Weekly.)

CONSTIPATION, WITH SPECIAL REFERENCE TO ITS RELATIONS TO DISEASES OF WOMEN. Dr. A. F. Currier, 159 East 37th Street, read a paper on this subject. He stated that it may be fairly assumed, without argument, that the intestinal canal is not intended as a reservoir for the storage of excrementitious matter, and that ordinary clinical experience informs us that of the great multitude of individuals in which occurs this unnatural storage, and the other elements which constitute constipation, the condition is the expression of disease with some, while with others it is an expression of neglect, partly due to ignorance, and partly to indolence. In human beings it may fairly be said that constipation is omnipresent; we witness it in the convulsions of the new-born infant, in the coma sometimes terminating in death in the aged, and in the intervening period it presents phenomena of every degree of intensity and variety.

It is often said that women are more frequently constipated than men, and that this is to be explained by their indoor and sedentary life, but this is an unsatisfactory explanation, for many men who lead an indoor life are constipated, and many women are

constipated whose lives are not sedentary, but very active. The reciprocal influence of constipation and pelvic diseases in women must be apparent to everyone who is brought in contact with the morbid conditions which are grouped under the latter comprehensive term. The speaker said it has seemed to him that the structure and functions of the pelvic organs in the female have more to do with the cause and continuance of constipation than any other factor. A study of the histories of one hundred consecutive cases in the records of his private practice showed that in sixty-five there was manifest and annoying constipation. All of these cases consulted him with reference to pelvic disease, either complicated or uncomplicated with disease of other parts of the body, and the diagnosis included almost every recognized form of disease or lesion of the pelvic organs. Dr. Currier said he would define constipation as simply that condition in which the intestine fails to readily expel the excrementitious matter which it contains at intervals sufficiently frequent and in a mass of suitable consistency to ensure the individual against detriment from waste and decomposing material. The act is dependent to a certain degree upon the exercise of the will, but, on the other hand, the will may be sufficiently strong while the muscles do not co-ordinate with it. It may take place without the participation of the will, as in sleep, in paralysis of spinal origin, or in insufficiency of the sphincter muscles. Any cause which impairs the activity of the voluntary or involuntary muscles concerned in the act of defecation, will tend to produce constipation. Such causes may be removable or irremovable. Of all the preventable or removable causes from which constipation in women originates, neglect or indolence is the most common. It is most noticeable in girls and young women; it is less noteworthy in mature women and least apparent in the aged. Under ordinary conditions the inclination to evacuate the bowels is caused by the deposit of faecal matter within the rectum, the mucous membrane being excited or irritated by its presence. Hence there is reason in the statement which is to be found in the text-boods on physiology that the rectum is usually empty. It has been the speaker's experience, however, that the rectum of women is rarely free from faecal matter, excepting after particular preparation, and the insensitiveness which accompanies it has much to do with the constipated habit. Constipation in both sexes is a common occurrence as the result of disease above the pelvis, but certain forms of such disease occur much more frequently in women than in men. Peritonitis may serve as an illustration of a condition which is especially common after abdominal operations and with disease of the pelvic viscera. The paralysis of the bowel and retention of excrementitious matter which characterize it are often the prelude to a fatal issue. Prolonged retention of faecal matter within the large bowel, leading to the formation of a large abdominal tumor and complete paralysis of the bowel is by no means unusual in women. Constipation may also be effectually produced by infiltration of the bowel structure with malignant or syphilitic disease, or by polypi in its interior. The causes which are operative in the production of paralysis of the bowel above the pelvis are similarly operative and to a much greater extent on that portion which is within the pelvis. These causes may be considered with reference to the treatment which is usually employed for their relief; that is, from a medical and surgical standpoint. In the former are to be included the thickenings and new formations of syphilitic origin, the dilatation and muscular weakness accompanying prolonged inattention to the accumulation of faecal matter, as in certain cerebral and spinal diseases, congestion and engorgement of the venous system associated with menstruation or pregnancy, or obstruction in the portal circulation. From the surgical standpoint, causative conditions are to be found in fissures, ulcers and haemorrhoids, polypi, infiltration of the tissue with malignant or inflammatory disease, dilatation and weakness due to prolapse of the vagina, or rupture of the perineum, or both. The disposition of the viscera in the female pelvis is such as to make constipation possible if the normal arrangement is but slightly disturbed. Constipation may exist as a cause or a result; it may be due entirely to neglect, or to conditions over which the individual has absolutely no control. In either case it is interesting to note its consequences, and this may be done by considering the subject in three groups: the first includes those individuals in whom constipation results from inattention, neglect or any other cause outside of the pelvis. In this group the complaint arising from the constipation is principally inconvenience. The second group will include those in whom there has been neglect and also more or less pelvic disease, but with whom the predominant symptom relates to the retained excrementitious matter. In other words, the predominant symptom in this group is sepsis. The third group includes those in whom pelvic disease is so pronounced that constipation would be inevitable whether there had been neglect or not. In this group, the predominant symptom is pain. In speaking of the treatment of constipation, Dr. Currier referred to the following measures: cutting operations; electricity; massage; cathartics and aperients; injections and applications in vagina and rectum; tonics.

Dr. A. A. SMITH, the Chairman, 40 West 47th Street, said there is probably no one symptom which the physician is oftener called upon to treat than constipation, and it is sometimes a very obstinate one. Some years ago he devised a wooden roller, with a handle, which was to take the place of massage in treating cases of chronic constipation, but he soon found that it was open to grave objections, because the amount of pressure could not be accurately regulated. He recently saw a woman who had been advised by a European physician to use a cannon-ball for the same purpose. The cannon-ball he had given her weighed about six and one-half pounds. Dr. Smith showed a cannon-ball weighing about four and one-half pounds, and covered with soft padding, which he had made. This ball is rolled over the abdomen, following the course of the colon.

Dr. EMMETT L. HOLT, 15 E. 54 Street, said he only wished to call attention to one point which seemed to him to be worthy of more consideration than has been given to it in the treatment of constipation in very young children, where it is almost as troublesome as in women. We have all found that one class of children are never constipated, and that is, those who are nursing at the mother's breast or who have a good wet-nurse. In such children, the percentage of fat in the feces is much larger than has hitherto been appreciated; about thirty per cent of the solid ingredients is composed of fat. Another class of young infants are always constipated, and those are generally the infants of women who are delicate and anaemic, or where the supply of milk is scanty. This is also the case with infants who are fed on cow's milk. In all these cases where constipation exists, he has found by experiment that the milk does not contain sufficient fat. The amount of fat in the milk should be about five and one-half per cent. In bottle-fed infants cream can be added to the milk, and this gives us the very best laxative for little children and one which will be found efficient in four cases out of five.

Dr. JAMES P. TUTTLE, 35 W. 45th Street, said that so far as his experience goes, constipation is not often associated with serious rectal disease. Carcinoma, syphilis and the more serious forms of rectal disease are usually associated with diarrhoea. This is also true of fistulae of the rectum. Constipation, he believes, is frequently due to a stricture of the rectum caused by pelvic inflammation and consequent contraction of the levator ani muscle. Sixty-nine per cent of strictures of the rectum are found in women; thirty-one per cent in men. The proportion of syphilis in women is not over fifteen per cent of what it is in men. These figures, therefore, do not bear out the statement that stricture of the rectum, in the majority of cases, is due to syphilis. Less than ten per cent of the cases of stricture of the rectum in women give a syphilitic history; over eighty per cent give a history of pelvic inflammation.

Dr. E. W. PORTER, 30 W. 33d Street, referred to the value of exercise, such as horse-back riding or tennis playing, in treating cases of troublesome constipation in women.

In the more severe cases, many can be relieved by massage, preferably the combined Grant's method. A laceration of the internal fibres of the perineum often causes constipation. He also spoke of the dangerous cases of atonic constipation following abdominal operations.

The discussion was then closed by Dr. Currier.

A CLINICAL LECTURE.

AT ST. MARK'S HOSPITAL, NEW YORK, BY DR. H. J. BOLDT, PROFESSOR OF DISEASES OF WOMEN IN THE N. Y. POST-GRADUATE MEDICAL SCHOOL.

(Reported expressly for the Doctors' Weekly.)

VAGINAL HYSTERECTOMY FOR CARCINOMA

Gentlemen: Our patient comes to us with a history of having passed the menopause three years ago, yet she has been troubled during the last four months with profuse uterine hemorrhage, which has resisted all the usual methods of treatment. The first duty of the physician is to determine in such a case the exact source of the hemorrhage, and its cause, for not

until then is there any certainty of achieving success in the treatment. I need not stop now to detail the various sources of hemorrhage from the genital tract, but I may say that it is always suspicious when a patient has passed the menopause for several years, and again begins to bleed. It does not necessarily indicate malignancy, for the hemorrhage may be due to a senile colpitis, still it is sufficient to arouse our suspicions. This patient was subjected to a diagnostic curetting, and the material removed in this way was submitted to a pathologist for examination, and proved to be a glandular carcinoma. Having ascertained the malignant nature of the disease, the next step is to determine whether or not it is possible to extirpate the uterus. When the broad ligaments are infiltrated by malignant disease, or in other words, when the disease has gone so far that it is impossible to operate in healthy tissue, it is of course folly to attempt to operate at all. Under such circumstances, the curette and the actual cautery are the only means at our disposal. But if the case be still operable, and we determine by their elasticity that the infiltrations are of an inflammatory nature only, as in this case, we should attempt at once to remove the uterus.

The operation is begun by steadying the portio, and making an incision on the anterior wall, stripping down the mucosa to the vagino-cervical margin, and then separating the bladder sufficiently to allow of the application of a vulsellum forceps. Having stripped off the bladder as far as possible, I open the cul-de-sac of Douglas by another transverse incision, and then suture around either side of the base of the broad ligament. The bladder is next stripped from the anterior surface of the uterus upwards and sidewise. In stripping it laterally, we must exercise great caution, because a pouch of the bladder is often inserted low down on the cervix. Having separated the bladder, I attach the peritoneum to the vaginal mucous membrane by a running catgut suture, first anteriorly, and then, posteriorly, after which the peritoneum is attached anteriorly and posteriorly to the mucous membrane. The uterus is next separated by passing a suture first from the side which is most infiltrated, and afterwards on the other side, into the vaginal margin, taking as much of the broad ligament as in the judgment of the operator is desirable to enclose in this suture, and bringing it out at the vagino-peritoneal margin, and tying it. In this way, the stump is made partly extra-peritoneal, and is at the same time prevented from slipping. Having separated the broad ligaments in this manner, they are held with bullet forceps so as to bring the stumps of this ligament entirely extra-peritoneal, and then a curved needle armed with catgut is entered at the vagino-peritoneal margin, and passed through the broad ligament stumps, and out at the vaginal margin posteriorly. The same is done on the other side, entering the needle at the anterior vagino-peritoneal margin, and tying as before. After the stumps have been thoroughly secured in this way, the slit which still remains in the vagina is closed up with from two to four catgut sutures. In order to hold the stumps steady, and more securely, still another suture is passed from one stump to the other, after which all the sutures are cut short, and the vagina lightly packed with iodoform gauze. If the operation be done aseptically, there is nothing about it to cause a fatal result—certainly not from sepsis. We must be sure before closing the cavity that there is no hemorrhage. I have left the tubes and ovaries in this case, because they would have been extremely difficult to remove, and they were apparently healthy, with the exception of the tubes slightly swollen from hydro-salpinx. This operation to-day has been an exceedingly difficult one, and in cases in which the vagina is as small as it is here, and the uterus so slightly movable, I would advise you not to lose so much time in endeavoring to extirpate the uterus by this method, which I have just employed—the ideal operation, as I call it—but rather use clamps instead of ligatures, removing them at the end of twenty-four hours. The "ideal operation" leaves the peritoneal cavity closed, and, therefore, recovery is very rapid. After the operation, the patient is kept on fluid diet, the bowels are moved on the second or third day, and she is allowed to get up as soon as she feels strong enough to do so, for in two or three days, the peritoneal cavity is cut off completely. In a similar case upon which I operated in this hospital recently, the patient got up on the fourth day, and left the hospital on the eight day, so you see that convalescence is remarkably rapid after this operation.

I have now made a section through the uterus which has just been removed, in order to show you the pathological condition present. There is, as you can all plainly see, a glandular carcinoma of the uterus and vagina.

ON THE SPECIFIC GRAVITY OF THE URINE IN DIABETES MELLITUS.

By Sir Edward H. Sieveking, MD., F.R.C.P.

All our authorities and our individual experience adopt a high specific gravity as an important indication of the presence of sugar in the urine. The following case appears to me to show that our urinometers may exhibit a much lower specific gravity than that ordinarily regarded as causing a suspicion of sugar, and that still sugar may be present. Not being a professed chemist, I naturally began to suspect, in the case about to be related, that my tools were not in proper order, and I therefore sent the urine to my friend Dr. Luff, the Government analyst, with a request for information on this point. His reply was that my tests were quite correct, the specific gravity of the urine 1010, and containing "a small quantity of sugar, the lowest specific gravity of any urine in which I have detected sugar." He also confirmed the fact of its containing a faint trace of albumen. The case is briefly as follows:

A lady, aged 61, was sent to me on July 5th of this year with severe symptoms of stomach derangement. Her history was to the effect that she had suffered six years previously from diabetes, but that considering herself cured, she had returned to her ordinary mode of living. The day after her first visit, I obtained a specimen of the urine when the specific gravity was 1022; there was some albumen, and Fehling's test gave decided evidence of sugar. On July 7th, in consequence of the treatment, the urine had become alkaline, the specific gravity was reduced to 1012, there was less albumen, and sugar was still shown to be present. On July 9th the urine was faintly acid, specific gravity 1010; there was a faint trace of albumen and a well-marked trace of sugar. Her symptoms of dyspepsia had disappeared, so the patient was able again to take substantial food. It was the urine of this day that Dr. Luff was kind enough to examine, and to send me the report I have given above. I saw the lady once more on July 14th, when the specific gravity had risen to 1014, and the tests still yielded evidence of the presence of both albumen and sugar. I recommended a watering place to my patient, and presume that she has left London, as I have not seen her again.

Although this is undoubtedly an exceptional case, it appears to me to afford a decided warning to us all not to be too much guided by the urinometer alone. The examination of urine is universally regarded as a material help in the diagnosis of disease, but it may be fairly suspected that in many cases we have been too liable to assume that if our urinometers indicated a specific gravity below 1030, we might save ourselves the trouble of applying the tests for sugar.—*Brit. Med. Jour.*

SUTURE OF THE SPINAL CORD.

Chipault (*Rev. de Chir.*, August, 1892) criticises the proposal made by Maydl and others that in cases of old division of the cord, or of its functional destruction over a certain extent from sclerosis, two fresh and healthy surfaces made by clean section might be brought together and maintained in contact by sutures. In these two categories of cases the author holds that such treatment is anatomically impossible. In three subjects examined after death from fracture of the spine, it was found that the retraction of the medullary segments and the extent of the sclerosis necessitated free resection, and that the inelasticity of the cord and the resistance of the ligaments formed by the pia mater prevented apposition of the cut surfaces. On the other hand, in cases of recent division of the cord by a cutting instrument, in which it is not necessary to practise medullary resection, suture of the cord, or, strictly speaking, suture of its sheath of pia mater, is possible on the cadaver, and very probably would be found so on the living subject. The steps of the operation are very simple. A half-circle of sutures of very fine silk having been applied to the anterior portion of the pia mater, the divided surfaces of the cord are brought together and kept in contact by hooked forceps attached to the meninges whilst these sutures are tied. After this has been done, another half-circle of similar sutures is applied to the posterior part of the cord. If the cord has been but incompletely divided, it will be found sufficient to apply a few lateral and posterior sutures. It often happens that one or more nerve roots are found divided together with the cord, particularly at the lumbar swelling, along which the nerves forming thick bundles take a parallel course. It would always be possible in such cases, the author states, to suture the peripheral end of the divided nerve, either to its central end or to an intact nerve root corresponding to a portion of the cord placed below the seat of injury.

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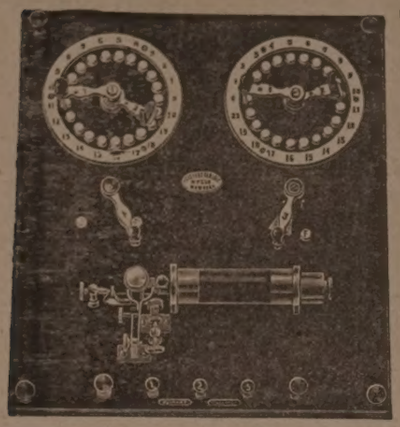

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OBITUARY.

Died suddenly, at Lincoln, Neb., on October 22, 1892, Dr. James Ross, of New York City.

Died in this city at his late residence, 368 West 28th street, on Wednesday, Oct. 26th inst., Bernard E. Hammill, M.D.

Dr. J. Culver Davis, professor of surgery in the Medical Department of the University of Denver, Col., died at Zurich, Switzerland, Oct. 8, 1892.

Dr. Henry Pevall, a prominent physician of Mount Morris, Livingston county, N. Y., died there Monday evening, Oct. 24th, aged [illegible] sixty-five years.

Dr. Elijah C. Kinnie died at his home in West Broad street, Norwich, Conn., Wednesday night, October 19th. Dr. Kinnie was born in Norwich, July 25, 1829, and spent his life there. He studied medicine with Dr. Fordyce Barker, served on the medical staff in Bellevue, and the charity hospitals, New York city, and spent several years in medical study in Europe. He opened an office in Norwich in 1861. Dr. Kinnie was considered one of the greatest physicians in New England. He was president of the Conecticut Allopathic Medical Society, and was repeatedly elected president of the New London County Medical Association and of the Norwich Medical Society.

MARRIAGES.

On Wednesday, Oct. 19, 1892, at St. Joseph's Church, in this city, by the Rev. A. Lamell, Rose Hoffman to J. Henry Guntzer, M.D.

The marriage of Miss Kate Drexel to Dr. Charles B. Penrose, of Philadelphia, which is to be celebrated at St. George's Church on November 17th, will be a family affair if, as is stated, the best man and ushers are all to be from the groom's family, while the bridesmaids are to be mostly from the bride's relatives.

At the residence of the stepfather of the bride, East 66th street, this city, on Wednesday evening last, Miss Sarah C. Shrady, stepdaughter of Dr. Geo. F. Shrady to Mr. Edwin Gould, second son of Mr. Jay Gould.

October 4th, at Trinity Church, East New York, Brooklyn, by the Rev. Nelson H. Boss, M.A., Henry W. G. Allan, M.D., son of the late Henry John Allan, Esq., Helen Jesso, elder daughter of Captain C. T. Elmstone, London, England.

Colonel Charles S. Northen, nephew of Governor Northen, was married in Atlanta, Ga., Oct. 20th, to Miss Nora G. Earnest, the daughter of one of Atlanta's most prominent physicians. The wedding took place at the First Presbyterian Church of that city and was followed by a reception at the Governor's mansion.

On Thursday evening, Oct. 20th, at the Church of Our Saviour, in Longwood, N. J., occurred the marriage of Miss Grace Wilkins and Dr. Andrew Porter Biddle. The groom is of the old Philadelphia family of Biddles and now resides in Detroit. Lieutenant William S. Biddle, jr., of West Point, was the best man.

PERSONALS.

Dr. F. O. Stem, recently of Bath, has located at Berlin, N. J.

Dr. Rudolph Virchow has been chosen as the new rector magnificus of the university of Berlin.

Prof. John Marshall has been elected Dean of the Medical faculty of the University of Pennsylvania.

Drs. A. L. Kotz and H. F. Weaver have been appointed attending physicians at the Easton, Pa., Hospital.

Dr. Daniel M. Stimson and family have returned to their town house, No. 11 West 17th street, for the winter.

Dr. Edmund Charles Wendt, who has been studying the sanitary condition of European health resorts, sailed from Berlin on Oct. 22d.

King George has conferred the decoration of the Order of the Saviour upon Dr. Waldstein, of the American Archæological School at Athens.

Dr. Tueffel, body physician to the King of Wurtemburg, who became suddenly insane on Monday last and was removed to an asylum in Berlin, has committed suicide there.

Professor Paul Haupt, of Johns Hopkins University, has been detained in Europe on account of a severe illness, and is not expected to arrive at the University before the first of November.

M. Pasteur will attain the age of 70 on December 27th. A subscription has been opened by a committee of the Society of Physical and Chemical Sciences at Copenhagen to offer him a medal on that occasion. The well-known Danish brewer, Mr. Jacobson, takes an active part in this movement, in recognition of the immense services rendered to the brewing industry by M. Pasteur's researches regarding fermentation.

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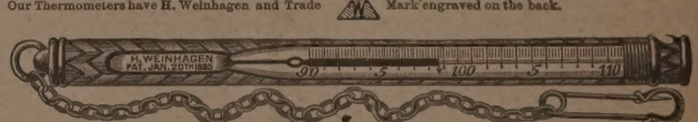

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BALTIMORE, MD., 5, November 1887. ORRAY T. SHERMAN.

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QUACK MEDICAL LITERATURE.

The *British Medical Journal*, in an article on this subject, reports the case of a young man who committed suicide, the act being prompted by the fact that he had read a quantity of quack medical literature, and this unbalanced his mind.

It is not in England alone that the evil of quack medical literature exists. Such vile printed matter is scattered broadcast on the streets in New York and other large cities in this country, and placed into the hands of young people of both sexes, in many cases causing untold misery. The daily papers, too, are filled with startling advertisements, setting forth manifold symptoms and promising impossible cures. They appeal to the credulity of the public, particularly those who are weak or suffering, and generally do not appeal in vain. It is unfortunate that this method of highway robbery is not a punishable offense.

EDITORIAL ITEMS.

A BROOKLYN DRUG CLERK sold twelve pills each containing one-half grain of santonin, to a woman who wanted a vermifuge for her two year old boy. She gave the boy all the pills at once, and he promptly died. This only adds one more to the long list of deaths caused by the culpable carelessness of drug clerks in prescribing poisonous drugs.

IT IS OFTEN SURPRISING to learn of the kind of work which some blind people are able to perform. There is a man in this city who is totally blind, and still he is able to serve 300 people every morning with the daily papers. Besides this, he is an expert billiardist. He is of the opinion that blind men know how to take better care of themselves than do those who have the use of their eyes, and that if all the people in New York were blind, we would have fewer accidents.

AN INDIANA PHYSICIAN has confided to the editor of the *Medical Age* his plans for a newly devised machine for electrocuting criminals. It consists of a beam which can be made to revolve rapidly about a pivot, and upon this beam the criminal is strapped. If the man's head is placed at the inner end of the beam, cerebral anæmia is produced and he dies of fatal syncope. If the head is placed at the outer end of the beam, and the feet at the centre, death takes place of coma. The man is to be given his choice.

CINCINNATI, O., Oct. 22, 1892.
EDITOR WEEKLY:

Dear Sir—I received your paper this morning and was pleased to see a notice of glycozone. I have used it recently with great success in two cases of gastric trouble when almost all the usual remedies had failed, and with the happiest results. It is a perfect antiferment, relieving all the distressing dyspeptic trouble and aids digestion better than all the pepsins I have ever seen.

Respectfully,
OLIVER D. NOSTRAND, M.D.
286 West Fourth St.

RUMINATION IN MAN.

Decker ("Munch. med. Woch.") reports five cases. Three occurred in men, two in a mother and a child aged three and one-half years. It was congenital in three cases. Rumination is not due to any paralysis of the cardia, but the latter opens at the time of each regurgitation. Only in one case was there any evidence of cardiac weakness (as tested by inflation). Hyperacidity is an accidental occurrence. In four cases gastric juice was normal. Rumination can occur without dyspepsia. Stomach dilatation was ouly present in one case. Decker regards this dilatation as a result and not a cause. Too rapid excessive eating with deficient chewing is the proximate cause; this was present in four cases. Neurotic predisposition must also exist. In four cases rumination was a reflex neurosis. The other case occurred in a neurasthenic patient and was a central affection. In eructation there is only a slight stomach contraction, whereas in rumination the stomach contracts energetically as well as the diaphragm and abdominal muscles.

BENIGN TUMORS OF THE TONGUE.

I. P. Lang (*Khirurgitcheskaia Letopis*, No. 3, 1892, p. 305) reports the two following cases:—(1) A woman, aged 22, had an indolent roundish, very hard tumour of the size of a hazel nut, which was situated on the dorsal aspect of the tongue, just to the left of the median line, nearer to the root of the organ. The new growth was slightly elevated above the surface, the base being broad, the mucous membrane pale but intact. It had been growing very slowly but steadily for about twelve years, causing no discomfort beyond some difficulty in swallowing solids. The neoplasm was removed under cocaine by Sklifosovsky, the wound being closed with silk; hæmorrhage was trifling. The sutures were extracted on the fifth day. Except a small central portion, the wound healed by first intention. The tumor proved to be a fibrochondro-osteoma lipomatodes. (2) A Hebrew girl, aged 13, had a typical adenoma, of the size of a plum, growing from the root of the tongue, close to the epiglottis, and causing indistinct articulation with a nasal twang. The mucous membrane was traversed with dilated blood vessels, and showed patches of incipient sloughing and ulceration. The swelling had first been noticed three years previously. It was excised similarly under cocaine by the same surgeon. Sharp arterial hæmorrhage followed, which was controlled by tying a vessel (probably, either the dorsal or the right lingual artery). The wound healed in about seventeen days, the patient being discharged with a perfectly normal voice. The author has been able to find only one case of lingual osteofibroma (Zahn) and one of adenoma (Testut) recorded in medical literature.

GARDNER'S SYRUP OF HYDRIODIC ACID. HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the igina preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a nonirritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner *

HYDROLEINE

Hydrated Oil.)

Produces rapid increase in Flesh and Strength.

FORMULA—Each Dose Contains:

Pure Cod Liver Oil	80 m. (drops.)
Distilled Water	35 m.
Soluble Pancreatin	5 Grains.
Soda	½ "
Salicylic Acid	¼ "

Universally Prescribed.

It is sought to introduce THIS INVALUABLE THERAPEUTIC AGENT exclusively on its MERITS, and for that reason the Profession is appealed to ONLY THROUGH THE COLUMNS OF MEDICAL JOURNALS.

Hydroleine is a purely **scientific preparation** for the cure of **incipient consumption,** and all forms of **wasting disease;** its unquestionable success and its **perfect reliability** in cases of **EMACIATION** occasioned by **A DECAY OF THE VITAL TISSUES,** makes **Hydroleine** one of the necessary requisites of the successful practitioner. It is **thoroughly palatable, easily digested;** and produces rapid increase in **flesh** nd **strength**

The basis of its formula is PURE NORWEGIAN COD LIVER OIL, and one teaspoonful of this preparation will give MORE SATISFACTION than three teaspoonfuls of the many usually prescribed emulsions.

SOLD BY DRUGGISTS GENERALLY

C. N. CRITTENTON,
Sole Agent for the United States,
115 & 117 Fulton St., New York.

A sample of Hydroleine will be sent free upon application, to any physician (enclosing business card), in the U. S.

SVAPNIA
OR
PURIFIED OPIUM.

For Physicians' Use Only.

Contains the Anodyne and Soporific Alkaloids, Codeia, Narceia and Morphia.

Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and when used has given great satisfaction.

To PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

SVAPNIA is made to conform to a uniform standard of Opium of Ten per cent, Morphia strength.

JOHN FARR, Manufacturing Chemist,
NEW YORK.

C. N. CRITTENTON,
General Agent, 115 Fulton St., N. Y.

To whom all orders for samples must be addressed.

SVAPNIA IS FOR SALE BY DRUGGISTS GENERALLY.

ALL DOCTORS KNOW

the place to purchase the most complete and reliable line of

Electric Medical Instruments,

AT REASONABLE PRICES IS AT

WAITE & BARLETT MANUFACTURING CO.

143 E. 23d Street, New York.

RICHMOND, VA., June 9, 1891.
I am very much pleased with your electrical apparatus. The battery and electrodes all work well. I have to thank you too, for your promptness in attending to the different orders I have sent you. I can conscientiously recommend your house to others in need of supplies. Very truly yours,
HUNTER MCGUIRE, M.D.

All goods are warranted as represented. Send postal for Catalogue. Upon receipt of ten cents we will forward a reprint on "Electricity in Gynæcology," by Professor G. J. Engleman, St. Louis, Mo.

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents foruric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolvedin water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

Dr. A. Lingard has been appointed to the Civil Veterinary Department, Calcutta, as Professor of Bacteriology and Comparative Pathology, in charge of the Imperial Bacteriological Laboratory, with the title of Imperial Bacteriologist.

THE USE AND ABUSE OF ELECTRICITY IN MEDICINE.

BY A. D. ROCKWELL, A.M., M.D., OF N. Y.

Formerly Professor of Electro Therapeutics in the New York Post-Graduate Medical School and Hospital, etc.

(Continued from last week.)

The result of the current, on the contrary, is seen not only in increased power in deflecting the needle of the galvanometer, but in overcoming conditions of disease. One factor accounting for this increase, as must be quite evident, is the better conductivity of the tissues gradually taking place at the seat of the decomposition of the current, a result due to congestion of the skin and adjacent parts under the electrodes. That this explanation, however, of the increasing strength of the current when continuously passed through living tissue is but partial, can readily be demonstrated.

I apply the current from a given number of elements to the arm and forearm, and seven milliamperes are immediately registered. In two minutes there is an increase of one degree, in two minutes more an additional degree, and in eight minutes, twelve milliamperes are registered. That this extraordinary increase in strength is not caused by improved conduction simply, I soon satisfy myself by applying vigorous friction to the other arm, and when the congestion is as intense as that produced by the electricity, the electrodes are applied. Instead of seven, the meter does indeed immediately register ten milliamperes, but it is not until several more minutes have elapsed that the additional two degrees are registered.

To analyze the molecular disturbances that evidently take place during the passage of the galvanic current, is a labor of the greatest difficulty, and the phenomenon is not yet thoroughly understood.

Evidences, however, of the chemical action of electricity as it passes through the tissues, are not wanting, and this sudden increase of strength is perhaps due to the electrolytic or polarizing action of the current, exciting a secondary current in the living body, similar to what is observed in a reservoir or secondary pile.

It would perhaps be too much to assert that any intelligent physician using electricity is unacquainted with the fact that there are three main divisions of the subject, namely, the static, galvanic and faradaic forms of electricity, although it is certainly true that the majority have very little appreciation of the wide difference in their physical, physiological and therapeutical effects. How many, however, are aware that the induction coil itself is so differently and variously constructed as to yield qualities of current that for all practical purposes are as separate and distinct as are the galvanic, faradic and static forms of electricity.

And of the number who have knowledge of these facts of physics, how few there are who have given any adequate consideration to the differential indications for their use.

To correctly differentiate between the various manifestations of electrical energy, and then to decide upon the proper method of its administration, are questions of the highest importance and their solution beset with difficulties and place electro-therapeutics in the front rank of scientific studies. Polar effects and current direction are again two factors in the production of therepeutic results that demand more careful investigation. No one would now assert that in gynecology or in electro surgery it was a matter of indifference which pole was used, but it is not uncommon to hear the expressed opinion, that in medicine it makes but little difference which pole is used or which direction of the current. In the midst of the theories more or less fanciful that have accompanied the magnificent discoveries of Galvani and Volta, Mattence was able to bring forward evidence of the chemical action of the current on organized tissue. His doctrine, though thoroughly scientific and based on experimental facts, had to make way for the classical yet confused hypothesis of the Germans, the theory of electrotonos, a mere physiological theory having no relation to anatomy or histology. Two of the most celebrated disciples of Du Bois Reymond, the author of the classical physiological theory of electrotonos, Erb and Enlenbourg, had long experimented according to his ideas in cities far apart.

Starting from identical principles, the result of their long years of study proved to be absolutely contradictory. This was rather embarassing to the sanction of the theory. Looking for an intermediary capable of explaining the discord, they referred the matter to Helmholtz who explained the difference by showing if you apply the negative pole at any point whatever, there will result at this point an increase of excitability, but that for reasons of a purely physical order, there can be in the vicinity of the negative pole, a positive point. If, therefore, you excite a nerve near its catelectrotonic point, you may chance to light on an anelectrotonic zone, a circumstance that fully explains how it became possible for two experimentors starting from the same premises to arrive at different results. It is quite certain that in indicating the formation of a zone with an opposite name around the excited point, Helmholtz, as did Mattenci, had in mind the chemical effects of the current, but in accepting his theory his countrymen have transformed a physiological action based upon electrolytic changes into phenomina, the explanations for which were fanciful and unscientific.

I call attention to these old facts of history in order to emphasize the strong physiological and chemical basis for the study of differential polar effects in therapeutics. My own more recent investigations along this line greatly strengthens me in the belief that there are still richer veins to be worked in electro-therapeutics than have ever yet engaged our attention. There can be no question as to the physiological significance of the complete elimination of one or the other pole in direct experimentaltists, and chemical results, as I have had occasion to observe, is in more or less accord with the results of physiological experiment. Much fault is found with electricity or rather with those who advocate its use, because so much is claimed for it. These claims are, however, based upon the demonstrated fact that it is a many sided weapon. It acts efficiently in diametrically different conditions, and prejudice is often excited against its use because of the seeming paradoxical claims of those who write about it. But the fact has been so thoroughly established that it is both a stimulant and a sedative, a tonic and depressor, or a violent irritant according to the kind and quality of the current used and the method of its application, that those who oppose its use on the ground of these paradoxical claims simply declare their own lack of practical experience.

In its relations to the arts and in its purely commercial application, electricity affords but little opportunity for the Charlatan. In order to obtain an honorable recognition, the electrical engineer must in reality be an expert. No incomplete and imperfect knowledge will serve his purpose. With the medical electrician however it is far different. He may be utterly ig-

Apioline-Chapoteaut.

The true active principle of parsley.

For regulating and relieving painful or difficult menstruation.

Referring to his clinical results, Dr. Grumbine says:—

In two obstinate cases of Dysmenorrhœa, Apioline gave most favorable results, it not only eased the pain but increased the flow.

A case of Amenorrhœa in which I have tried it is epecially worth noting.

"Although the patient had always been regular, there was no flow, only a drop or two appeared at each menstrual period, and as she expressed it, simply notified her that she had menstruated."

"I prescribed the Apioline capsules, one three times a day, three days before her expected period, she had taken but six capsules when she menstruated, she said she passed at least six tablespoonsful of blood, and it lasted two days, and she had not passed as much blood as that for five years. I advised her to continue the capsules for two days."

"I am very well pleased with the preparation, and shall continue to prescribe it as often as I have cases demanding the same." May 19, 1892.
CINCINNATI.

Apioline-Chapoteaut administered in spherical capsules of 20 centigrammes each, has proved to be a true stimulent to the uterine system, relieving the pain in spasmodic or congestive dysmenorrhœa, and where, ever principal reliance may be placed on equalizing the circulation and increasing the power of the ovarian nisus.

In prescribing, care should be taken to write the word Apioline in full.

Prepared in the Laboratories of

RIGAUD & CHAPOTAUT,
PARIS,

Importers: E. FOUGERA & CO.,
30 North William St., New York.
STRICTLY PROFESSIONAL.

THE PUREST & MOST ACTIVE PEPSIN

EVER INTRODUCED.

Webber-Pepsin, S. & D.

Standard

1 TO 6000.

A Soluble, Non-Hygroscopic Inodorous, Permanent Pepsin.

Dose: ⅛ to 2 Grains.

The Webber-Pepsin will completely digest 6000 times its weight of coagulated egg-albumen in accordance with the conditions of the U. S. P. test or that of the National Formulary.

It is not a Peptone Pepsin yet it is perfectly soluble, being free from mucus and inert putrescible matter, and is so palatable that the most fastidious patient will take it readily.

It is entirely free from septic contaminations, or other products of decomposition.

Physicians will appreciate these several advantages as possessed solely by the Webber-Pepsin.

Although further investigations based upon the Weber process have enabled us to produce Pepsin capable of digesting from 20,000 to 30,000 times its weight of coagulated egg albumen, we have adopted 1 to 6000 as our standard for the Webber-Pepsin because this already far exceeds the digestive power or any other Pepsin yet introduced, and especially because the production of a Pepsin of a still higher digestive power disproportionately increases its cost.

The Webber-Pepsin is offered in Granular form and in Scales, but unless otherwise specified, we invaribly furnish the GRANULAR form.

Samples fureished upon application.

Manufactured only by

SHARP & DOHME,

BALTIMORE, MD., U. S. A.

norant of the simplest problems of physics and entirely at sea in regard to the important subject of current differentiation and yet blushingly palm himself off on a credulous public as an expert in electro therapy. He may indeed be utterly ignorant of medicine itself and yet gravely call himself a medical electrician, while those upon whom he practises his crude and ill digested art, and who in other things count themselves as wise, fail to see the incongruity between his equipments and pretensions.

PRESCRIPTIONS.

FOR OZÆNA.—

℞ Iodol, tannic acid, borax, } aa 3 i.

Use as a snuff 5 or 6 times daily.

—*Dr. Tarbau.*

CREASOTE BY ENEMA.—In the treatment of pulmonary tuberculosis, Grasset (Nouv. Montpel. Méd, No. 25, p. 500) administers creasote by the bowel, morning and evening, preceded by a simple enema. An emulsion is made as follows:—

℞ Tinct. opii, *m* jss.
Creasoti, *m* xv.
Olei olivæ, 3 ijss.
Vitell. ovi., No. j.
M. —*Philadelphia Med. News.*

LEUCORRHŒA.—

℞ Iron oxide, brown, "sub-carb." } of each,
Powdered columbo } 0.10 gm.
Powdered cinnamon }
Powdered ergot, 0.25 gram.

One or two such powders daily.

—*Paillard.*

PILLS.

℞ Ergot extract, 1.5 grams.
Iron sulphate, Potassium carbon } of each 4 gms.
Glycyrrhiza extract, Powdered glycyrrhiza } of each, a sufficient quantity.

Divide into 50 pills. Two or three every morning, noon, and evening.

—*Braun.*

CACHETS.

℞ Calcium sulphide, 1 gram.

Dispense in 10 cachets. One, mornings and evenings.

PRURITUS ANI.—Dr. Balfour (*Norsk Magazin for Lægevidenskaben*, No. 1, 1892) employs the following formula with success in pruritis ani:

℞ Calomel, 5 gms.
Vaseline, 35 gms.

Instead of vaseline one may use lanoline, which of itself acts well in pruritis.

WINSLOW'S SOOTHING SYRUP.—

℞ Morphia sulph., gr. ⅛.
Sodii carbon, gr. j.
Simp. syrup., ℥ iss.
Aquæ, ℥ ss.
Spirit fœniculi, 3 j.

—*New Idea.*

A COMPLICATED CASE.—One of our physicians recently received the following letter from a country physician (?): "Dear dock I hav a pashunt whos phisicol sines shoes that the windpipe was ulcerated of, and his lung have dropped intoo his stumick. He is unable to swoller and I feer his stumick tube is gon. I hav give hym evry thing without effeckt. His father is welthy Onerable and influenshial. He is an active membber off the M. E. Chirsch and god nos I dont want to loose hym. what shall I due. ans. buy returne male, yours in neede."—*Ex.*

GUN-SHOT WOUND OF THE CHEST: REPORT OF CASE.

BY J. C. MCCLINTOCK, A.M., M.D.

Miss R. H., a young lady, 24 years of age, was shot on the evening of the 23d of September, 1891. The revolver was held at a distance of not more than eight feet. The wound was temporarily dressed. I saw her the morning of the 24th, six hours after the injury. The ball from a 38-calibre revolver had entered one-half inch to the right of the spinous process of the eighth dorsal vertebræ, had passed directly through the body and fractured the sixth rib in front. The ball was located under the right mamma, through which an incision was made and its removal effected. Its location was diagnosed by the fracture of the rib, by emphysema into the celiular tissue and by palpation the ball itself could be felt. The patient was expectorating small quantities of blood, was somewhat cyanotic, but was evidently rallying from the shock of the injury.

The plural cavity was filled two-thirds full, probably with blood. A very grave prognosis was given from the fact that the lung and plura had undoubtedly been perforated and that decomposition of the blood in the plural cavity would almost surely follow. Such a result would necessitate opening the chest for drainage. Such a procedure was not further indicated, however, for the progress of the case was toward recovery. There was no fever, no complication of any kind. The wound of entrance of the ball and that from which the ball was removed united without suppuration under occlusive dressings.

The first dressing was removed at the end of a week on account of pain in swallowing. The pain was relieved after the patient was able to be turned on her side, and the second dressing was not disturbed for three weeks.

A note under date of October 31st, six weeks after the injury, says: The patient's right lung now occupies only a little more than the upper third of the plural cavity, the lower and back part of the plura being still filled with blood. She has been sitting up for about two weeks, and walks about the house. Nothing but a guarded prognosis has been given in this case at any time.

March 17.—An examination of the patient to-day warranted me in pronouncing her perfectly well. The vesicular murmur was clear and distinct in the lower lobes of the lung and there was no dullness over the region formerly filled with blood.—*The Med. Herald.*

GRAVE'S SPECULUM, $1.50 Net.

MANUFACTURED BY
W. F. FORD
SURGICAL INSTRUMENT CO.
Makers of Superior Surgical & Orthopedical Instruments.
SOLE AGENT FOR THE
GIBSON STORAGE BATTERY for Medical and Surgical purposes.
315 FIFTH AVENUE,
Cor. 32d Street, —— NEW YORK.
New illustrated catalogue sent free on application.

SHOULD

BICYCLE RIDERS "HUMP" OVER OR SIT ERECT?

Rambler Bicycles

CAN BE RIDDEN "Sitting Up."

—o—

Physicians Should Study Rambler Anti-Vibratory Devices.

GET CATALOGUE.

Gormully & Jeffery Mfg. Co.,
46 Institute Place, Chicago,
BOSTON. WASHINGTON. NEW YORK

THIS SPACE IS MINE.

KEEP YOUR EYE ON IT.

My Introductory Offer

Was in the Same Place

LAST WEEK AND WEEK BEFORE.

IT WILL PAY YOU TO LOOK IT UP.

I DEAL DIRECT.

Save all commissions and give you the benefit of it. If you have'nt asked for my list, do it now. Samples sent on request, mentioning this Journal.

Dr. W. C. ABBOTT,

Dosimetric Granules and Soldlitz Salt. Ravenswood,

CHICAGO, ILL.

Specify "Battle" when Prescribing our Preparations.

BROMIDIA

THE HYPNOTIC.

Formula.—

Every fluid drachm contains fifteen grains EACH of Pure Chroral Hydrat. and purified Brom. Pot. and one-eight grain EACH of gen. im. ext. Canna bis Ind. and Hyoscyam.

Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirum of fevers it is absolutely invaluable.

It Does Not Lock Up The Secretions.

PAPINE

THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendendy to cause Nausea, Vomiting, Constipation, etc.

Indications.—

Same as Opium or Morphia.

Dose.—

ONE FLUID DRACHM—(represents the Anodyne principle of one-eight grain of Morphia.)

IODIA

THE ALTERATIVE AND UTERINE TONIC.

Formula.—

Iodia is a Combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

Dose.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortions and General Uterine Debility.

Specify "Battle" when Prescribing our Preparations

THE FAMINE IN INDIA.

BY H. COUPIN AND E. BORDAGE.

A curious thing about the famine in India is that it seems to reappear at a fixed period, every fifteen years; it would be interesting to see if there is not some meteorlogical or astronomical phenomenon connected with this regularity, which seems strongly possible. The last great famine occurred in 1876; the number of deaths estimated at that time from hunger or its complications reached five millions of persons. Franck Van Allen has given us some terrible views, and one can scarcely get an idea into what desolation a famine of such intensity may plunge a country. No rain; the harvest scorched; the ponds and rivers dried up under the burning sun. The British government has established a number of camps to which refugees can come, but unfortunately they are poorly supplied with provisions and can only afford relief to a few of the starving; while the number of the dying is computed by the million. It is not alone the failure of food, but the failure of water as well with which the inhabitants have to contend; and, again, religious prejudices rooted into the people add to the general misery. A man of high caste would never drink of the water of a well in which an individual of inferior caste had dipped his drinking vessel; the water is considered defiled. And this prejudice is especially terrible for people of the lower class who are not allowed to approach the wells under any pretext. Their own wells being less deep are rapidly dried up. The English government has now 19,000 wells in the course of construction.

Added to this is the religious prejudice in regard to food; a member of the high caste would prefer death to eating any food which had been touched by a person not of his caste; and thousands of these died because they would not accept food from the government camps. In addition to the hunger and thirst, after fasting some time, if the sufferers partake of a little nourishment they are attacked with a dysentery which is rapidly fatal. But the greatest foe is a special fever, which makes its appearance when the feebleness has become extreme. At that time remedies have become impossible and persons who have resisted all other influences generally succumb to this complaint.—*La Nature.*

DR. BROUARDEL ON "SUBMERSION."

The readers of the *Lancet* will be interested by some remarks of Dr. Brouardel: "In deaths from submersion three mechanisms may come into play. The fatal result may ensue suddenly, at the very instant of the plunge. Here instantaneous inhibition of the respiratory, and perhaps also of the cardiac, centres occurs, probably through reflex action exerted by the cold, the principal afferent nerves being the superior laryngeal. In such a case the individual expires without a drop of water having entered the trachea. In another class of cases death may not be due to reflex inhibition at all. The submerged one may be unable to rise to the surface, being entangled at the bottom of the river by boulders or weeds. Experiments on animals show that here nothing penetrates into the respiratory tree during the first minute, the glottidean sphincter being in a state of spasm. But this spasmodic state is soon succeeded by relaxation and water then enters freely. A dog weighing five kilogrammes has been known to absorb thus in one minute no less than 400 grammes of liquid. In both the foregoing classes of cases artificial respiration either by the Silvester or the Laborde methods, together with, in the latter instance, evacuation of the water inspired into the lungs, may suffice to save the individual. Unfortunately, the third and much more frequent mechanism by which fatal drowning may occur is much more dangerous in its effects, and the means at our disposal are too often inadequate to avert the consequences. Here, the drowning man, before he is finally engulfed, struggles and reappears once or twice at the surface. His efforts at respiration introduce into his lungs not only water largely mixed with air, but also the contents of the stomach expelled from that organ by the violent contractions of the diaphragm. In addition there enters into the circulatory system a quantity of water equal to the fourth or even the third of the volume of blood, a fact easily proved by examination of the blood with the hæmocytometer. Then, again, the presence of water in the ultimate alveoli causes the prompt exfoliation of the pavement epithelium with which they are lined, a circumstance which damages their respiratory functions. We have thus three conditions which render the chances of recovery problematical—viz.: the obliteration of the bronchial tree by water, the hydræmia, and the spoilt state of the alveoli."—*Paris correspondence of Lancet.*

THE UNERRING DIAGNOSTICIAN.

From the *Medical Press and Circular* we learn a medico-literary secret of more than ordinary interest. Under the heading of Sherlock Holmes the writer refers to a series of clever detective stories that have appeared during the past year in a monthly periodical. Throughout these narratives a very remarkable figure stands out—a man with preternatural powers of criminal diagnosis, a man who never makes a mistake. The author of these stories, Dr. Conan Doyle, has confessed in the last number of the *Strand* magazine that he has taken his old teacher, Dr. Joseph Bell, as his prototype. Dr. Bell, the surgical lecturer and editor of the *Edinburgh Medical Journal*, has his own fame throughout his town for rapid diagnosis and acute observation, and is accustomed to impress upon his students the value of comprehensive study and broad views.—*N. Y. Med. Jour.*

AN AWFUL WARNING. He didn't read the papers, for they hadn't any news—
At least they didn't coincide with his special views—
And, when he came to town one day, with criticism ripe,
He climbed to an electric lamp to light his little pipe.
He didn't read the papers—but he knew just what was best;
He simple touch the wire, and the fluid did the rest.
—*Exchange.*

A BRIGHT OUTLOOK. "How is it with you?" asked the editor of the subscriber who was dying in arrears.

"All looks bright before me," gasped the subscriber.

"I thought so," said the editor; "in about ten minutes you'll see it blaze!"

I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving preparation, ALE AND BEEF, "PEPTONIZED," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of tho active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will, in my judgment, be indorsed by careful bedside clinicians.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

Two sample bottles to any physician who will pay express charges.

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DEFINITE CHEMICAL PRODUCTS.

THIOL.—Dr. de Sa, of Rio de Janeiro, reports excellent results from the use of thiol in varicose ulcers. Moncorvo, of the same city, has employed it in cutaneous affections of children, either pure or incorporated with glycerin, petrolatum, etc., with gratifying results.—*D. Med. Zeit.*

LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For *Cystitis*, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same strength.

THIOL *vs.* ICHTHYOL.—Among the new remedies introduced to the profession for the treatment of abnormal conditions of the skin, says Editor Stowell in the *National Medical Review*, ichthyol has won a first place. But it has the disadvantage of having a strong and disagreeable odor. Ichthyol is prepared by the destructive distillation of a mineral rich in sulphur, and the fossilized remains of marine animals. It contains a certain proportion of indefinite, evil-smelling organic bodies, which cannot be removed without decomposing the product. By what may be designated synthetical methods a product is obtained, free from the disadvantages of ichthyol; this is called thiol. Thiol forms a clear solution with water, especially in the presence of glycerin. Several chemical authorities have examined the two products side by side, and the conclusion is reached that thiol is even superior as regards its chemical purity; while a large number of medical authorities have testified that therapeutically it was superior to ichthyol, with the additional advantage of comparative freedom from odor. The current number of *New Remedies* gives a detailed list of affections in which thiol has proved of great value. Among these diseases we note the following: Eczematous affections, erysipelas, herpes, dermatitis, lupus, contusions, and subcutaneous hemorrhages. Thiol is "a purified form of ichthyol." It is a substitute for ichthyol. Considering its advantages, the writer predicts for it a wide use, when its true merits are fully understood by the profession.—*The American Therapist*

Write for Descriptive Pamphlets on Chloralamid, Phenocoll, Piperazine, Thiol, Lysol, Creasote, etc., to the Sole Agents for America, Lehn & Fink, 128 William Street, New York. *

NEWS AND MISCELLANY.

THE *Ontario Medicat Journal* is a new medical monthly published in Toronto and edited by Dr. Orr. of that city

AS MRS. PARTINGTON was gazing upon St. Paul's Cathedral in London, she remarked rapturously, "O, venereal pile! Gigantic stricture!"

THE next Congress of French Scientific Societies will take place in Paris. The first general meeting will be held in the Sorbonne on April 4th, 1893.

THE Paris Municipal Council has voted a sum of twenty thousand francs for the fitting of public fountains in Paris with hygienic filters, in the quarters where the Seine is the source of the water supply.

A CASE is reported from Russia in which a child of three months presented marked symptoms of carbolic acid poisoning, after spending a few hours in a room which had just previously been disinfected with a 2 per cent. carbolic acid spray.

DURING the week ending October 8, 1892, there were reported in New York City 58 cases of diphtheria; 31 cases of measles; 52 cases of scarlet fever; 6 cases of smallpox and 44 cases of typhoid fever. There were 1,080 births and 659 deaths.

MEDICAL WOMEN IN BOSNIA.—Bosnia has enacted a law for the appointment of a medical woman to the capitnl of each district, with the official title of *Wundarztin, i.e.*, a grade lower than that of Doctor of Medicine. The yearly salary is about 1,500 gulden.

THE change of color noticed in shrimps and lobsters when undergoing boiling, is believed by Dr. James Leicester to be due not to any iodine compound, but to some organic substance. If shrimps be boiled in concentrated hydrochloric acid, the solution becomes a bright purple color. Potassium hydrate and caustic potash give slightly yellow solutions.

UNIVERSITY OF MONTREAL.—The chair of pathology in this institution has been offered to Dr. Adami, fellow of Jesus College, Cambridge University, and formerly of Owens College, Manchester. The University has a pathological laboratory ready for students and practitioners wishing to do special work in bacteriology and morbid anatomy.

TREATMENT OF INEBRIETY IN GERMANY.—The third annual report (1891) of the asylum for inebriates at Ellikon states that there were 151 applicants, forty-eight of whom (forty-one men and seven women) were admitted. Of these forty-one were discharged, twenty-three of whom have remained abstainers up to the date of the report, while eleven drink moderately, and six have relapsed.

A PHYSICIAN in Port Huron, Mich., writes to the Journal of the American Association, stating that a "special agent" sailing under the name of F. C. Washburn, of St. Paul, Minn., goes from city to city appointing medical examiners for the Bankers' Mutual Aid Association of St. Paul, Minn. The examiner is naturally requested to take a policy for which he pays $5.00 quarterly dues in advance. No policy ever appears and the appointment is bogus.

PROFESSOR VIRCHOW, the most eminent of German physicians, has recently denounced in the Berlin Municipal Council "the intrusion of religious arrogance into hospital nursing work," and we commend the following sentence to bigots of all sects: "Everybody knows that creeds claim supremacy in the healing of the sick; but we are profoundly interested in keeping away this conflict from the sick-bed, and permitting the spirit of humanity alone to assert itself there."—*The Nursing Record.*

LIKE the rich man in Hades who wished to send back to Earth a word of warning to his brothers, the Iodide of Potash Club, of Hot Springs, Arkansas, has issued the following letter to those contemplating a visit to that specific health resort:

"Don't listen to any one who volunteers advice about doctors. No regular physicians will require more than $5 in advance. If you have letters to a physician, deliver them in person. If drummers find you have such letters they will tell you the doctor is out of the city, dead, quit practising, drunk, or something of the kind. Drummers on the trains, on the streets, or at the hotels or boarding houses will pretend that they are visitors."—*Atlanta Med. and Surg. Jour.*

GINGER GROWING IN JAMAICA.—The average yield of dried and cured ginger fit for the market, in Jamaica, is from 1,000 to 1,500 lbs. per acre. A good crop may yield even 2,000 lbs. (*Ch. and Dr.*) As long as the ginger, when dug up, is kept from the sun it need not be peeled for two or three days. After peeling for the day the roots should be put to soak in plenty of water over night; in the morning washed, cleaned, and weighed; then put on mats and turned over carefully at midday for six or eight days until cured. It takes 3 lbs. of green ginger to make 1 lb. of dry root.

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Oxide of Iron	0.310 "
Chloride of Sodium	1.000
Sulphate of Soda and Potash	0.310 "
Carbonate of Soda and Potash	0.831 "
Carbonate of Magnesia	1.230 "
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PURITY IS OF FIRST IMPORTANCE IN MEDICAL PRACTICE.

Owing to the difficulty of obtaining supplies of absolute purity and uniformity, many valuable medicinal agents are reluctantly discarded by the medical practitioner. This may be said of olive oil, a time-honored remedy for infantile constipation, and for facilitating the rapid and painless passage of gallstones and urinary calculi in adults. Appreciating the importance of supplying the medical profession with an absolutely pure olive oil for medicinal use, the California Vintage Company, 21 Park Place, New York, began importing such an oil some two years ago and called it to the attention of the local profession. Their olive oil, under the name of "the **CALVICO** brand," grew so rapidly in professional favor that they soon found it necessary to increase their importations from time to time until now they are able to supply it in unlimited quantity and of uniform purity and excellence. Of course this brand of olive oil is much superior to any other in the market for table use. Every bottle bears the trade-mark **CALVICO** on its label We have used it for some time and therefore write from a personal knowledge of the superiority of the article mentioned.

Physicians may obtain the **CALVICO** brand of olive (sweet) oil through local druggists or high class grocers, or direct from the California Vintage Company, sole importers, 21 Park Place, New York City, who are also extensive dealers in pure wines, and brandies, for medical use.

It is needless to recapitulate all the various cases to which this ideal form of nutrition has been given. Suffice it to say that, in my judgment, the ALE AND BEEF, "PEPTONIZED," is all that is claimed for it, and that it furnishes mild stimulation along with nutrition in a manner to be acceptable to the most delicate stomach and agreeable to the most fastidious palate, at a time when the mouth and palate are more than weary of the various forms of slop which are presented in the average sick-room. The ALE AND BEEF, "PEPTONIZED," which is agreeable and tangible, becomes a very oasis in the "Sahara of sameness" of the lives of the weary victims of ill-health.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

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NEWS AND MISCELLANY.

THE German Anthropological Congress will hold its next (twenty-fourth) annual meeting at Hanover in 1893. Professor Virchow has been chosen President, with Professors Waldeyer and Schaafhausen as Vice-Presidents.

A Parisian woman was arrested for evacuating her bladder upon the public street, but the judge discharged her upon the ground that no provision was made for women to answer the calls of nature, except on payment of a fee; in case of necessity the laws of health can not be superseded by statutory enactment.

THE PREVENTION OF TUBERCULOSIS.—The Prussian Bureau for medical matters proposes to replace the water in the spittoons of phthisical patients by wood-shavings moistened with water, to which chloride of calcium and chloride of soda have been added. This will obviate all danger of freezing, of evaporation, or spilling, and there need be no fear that domestic animals will use the spittoons as drinking vessels.

THE Edinburgh Life Assurance Company has recently adopted what it calls an "Early Provident Scheme." This is a system of deferred insurance for children under [illegible] which the insurance does not begin until the policy has been in force for 15 years, but in the event of death before the expiration of this period all premiums are returned. No medical examinalion is required, and the form of proposal is a very simple one. The rates are very low, only about one-half of what would be charged for an assurance effected in the ordinary way, owing to the liability of being so long deferred.—*Baltimore Underwriter.*

The American Medical Temperance Association, through the kindness of J. H. Kellogg, M. D., of Battle Creek, Mich., offers the following prizes: (1st.) One hundred dollars for the best essay *On the Physical Action of Alcohol, Based on Original Research and Experiment.* (2nd) One hundred dollars for the best essay *On the Non-Alcoholic Treatment of Disease.* Essays must be sent to the Secretary of the Committee, Dr. T. D. Crothers, Hartford, Conn., on or before May 1st, 1893. They should be type-written, with the authors' names in sealed envelopes, with distinguishing mottoes. The committee will report at the annual meeting at Milwaukee, Wis., June, 1893, and the successful essays read. All essays are to be scientific, without restriction as to length, and limited to physicians of this country, and are to be the property of the Association.

COFFEE AS AN ANTISEPTIC.—The experiments of Luderitz, of Vienna, tend to establish the belief in the antiseptic properties of coffee. A strong solution of coffee, for example, ended the career of a bacillus of typhoid in about twenty-four hours, the active streptococcus of erysipelas in twelve, while not longer than from three to four hours was sufficient to kill the malignant comma bacillus of cholera. Strong decoctions acted more quickly still; the effects, however, are stated to be due more to the products of the roasting of the coffee than to the active principle of the berry. In this connection it has been pointed out by a correspondent of the *Indian Medical Gazette*, that it would be worth while to substitute coffee for tea among the cases of enteric fever in the European military hospitals in India. Coffee also might be given a trial in the treatment of typhoid fever in this country.—*Medical Press.*

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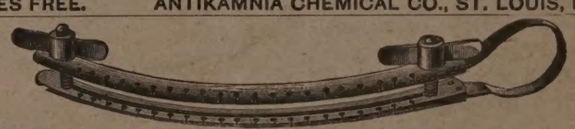

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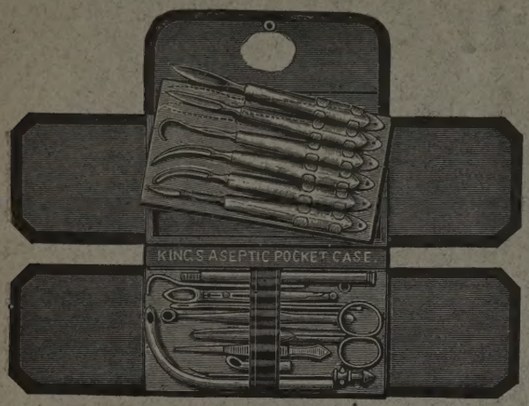

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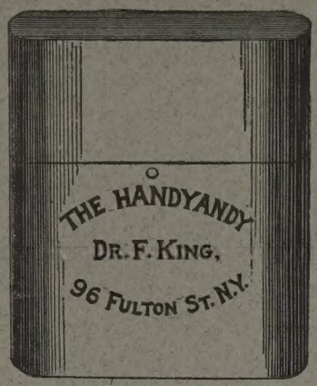

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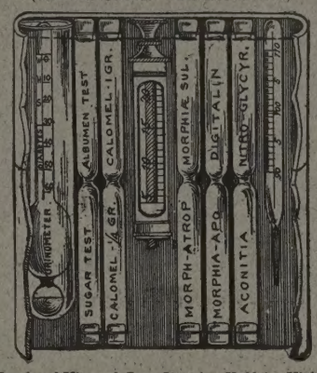

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